



BPA VACANCY ANNOUNCEMENT (#002805-05-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION AND LOCATION: POWER SYSTEM CONTROL CRAFTSMAN, BB-2604, LEWISTON, IDAHO

OPENING DATE:
11/08/04

CLOSING DATE:
11/29/04

HOURLY PAY RATE:
\$34.50

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: All US Citizens

POSITION LOCATION: Transmission Business Line, Transmission Field Services, Walla Walla Region – Lewiston District - TFPM

NOTES:

In addition to the wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.

Veteran's Preference: A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

This position has a SELECTIVE PLACEMENT FACTOR, which will serve as a screen-out element: *Applicants must submit a copy of their complete driving record (obtained from the Dept. of Motor Vehicles or equivalent State agency) covering the past 3 years and dated within the last 3 months.* Candidates with a poor driving record* and/or revocation of license will be immediately disqualified from consideration. Failure to submit your driving record will also be disqualifying.

***Disqualifying driving records:** Within the past three years, any of the following conditions disqualify an applicant for a U.S. Government Motor Vehicle Authorization: A. Conviction for operating a motor vehicle under the influence of alcohol or a controlled substance. B. Conviction for leaving the scene of an accident without making his or her identity known. C. Suspended, revoked, or cancelled driver's license. D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests, which demonstrate that the driver does not have an adequate sense of responsibility. This may be shown by any of the following: Conviction for fleeing or attempting to elude a police officer; conviction for a felony involving the use of a motor vehicle; 2 or more accidents in which the driver was at fault; 2 or more excessive speeding violations (15 miles per hour or more over the posted speed limit.); or 4 or more moving violations.

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

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CAREER TRANSITION ASSISTANCE PROGRAM (CTAP): Displaced or surplus employees who may be entitled to consideration under CTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to www.opm.gov or to <http://www.jobs.bpa.gov/> You may also call the point of contact for this position for CTAP information and assistance.

MAJOR DUTIES:

1. Without immediate supervision, the Craftsman performs preventive, corrective, and emergency maintenance on power system control equipment, such as:
 - a. AM and FM radios with frequencies up to 900 MHz. These consist of fixed, mobile, and portable stations used for voice communications, control, and telemetering circuits.
 - b. Power line carrier current equipment using AM, SSB, FM, and FSK modulation for the transmission of voice communications, power line relaying signals, telemetering, and supervisory control.
 - c. Microwave radio equipment operating at frequencies above 900 MHz with high density channel loading capability.
 - d. High density microwave multiplex equipment, which includes the frequency generation equipment, telephone termination equipment and dial selectors, and all service channel, or order wire equipment.
 - e. Control and data equipment which includes SCADA, microwave alarm reporting systems, hydromet stations, ILDSS, digital/analog telemetering systems, central time system, transfer trip (used for line protection and remedial action schemes), data circuits, and general purpose modems.
 - f. Miscellaneous equipment which includes auxiliary power equipment (engine generator controls, batteries and battery chargers, inverters, and UPS systems), power line fault locators (both portable and fixed), telephone switching equipment, PA systems, closed circuit television systems, fiber optics, and electronic test equipment.
2. Under supervision by District supervisor or supervising engineer, as necessary, performs the more difficult and nonroutine types of maintenance work on the above equipment. Makes approved field modifications on equipment, and performs subsequent tests for work involving unusual problems or requiring analysis by the engineer.
3. Assists in performing initial energization tests of new installations and obtains data which will permit the supervising engineer to make an engineering evaluation of the equipment performance in terms of the contract specifications.
4. Installs certain types of equipment under general supervision after the procedures have been previously established. A typical job is the installation of mobile radios.
5. Measures and determines locations of radio and audible noise and power line interference and advises the supervising engineer of the source of the interference so that corrective action may be initiated.
6. In connection with the above various types of work, prepares reports which in general are a collection of test data, instrument readings, and other pertinent information which can be used by the supervising engineer to make an engineering determination on the equipment operations.
7. Performs miscellaneous duties related to maintenance of the communication system.

CONDITIONS OF EMPLOYMENT:

Persons filling Power System Control Craftsman positions may be required to meet some or all of the following conditions:

1. Become familiar with and follow the safety practices of the BPA Accident Prevention Manual.
2. If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense.
3. Possess a valid state drivers license. Possess a U.S. Motor Vehicle Driver Authorization or obtain within 30 days after the requirement is established and maintain continuously thereafter. Additional endorsements on valid drivers license may be required to operate assigned vehicles. Traffic citations indicating poor driving habits may disqualify applicants.
4. Possess an electrical worker's permit or obtain one within 1 year after appointment.
5. As circumstances dictate, or as required by management, possess or obtain standard clearance certification.
6. Possess within one year, and maintain continuously, both a First Aid card and a CPR card.
7. Take First Aid refresher training, when possible.
8. Subject to call for emergency work at any time.
9. Operate motor vehicles, including 1-1/2 ton pickups, sedans, van type trucks, 4 x 4's, and snowcats, as required by management.
10. Establish a residence in accordance with negotiated requirements, that is within one hour or less commuting time under normal weather and road conditions, to the duty station headquarters.

WORKING CONDITIONS:

Most of the work is indoors, although some of the power line carrier and mobile radio work is outside. Work may involve occasional travel to remote sites and exposure in all kinds of weather. Repair work or other emergency work may be required at any time of a 24-hour day. Voltages up to several thousand volts may be present in some types of equipment. Some of the work is performed around moving machinery in the auxiliary power equipment. The work may involve driving maintenance vehicles over steep and narrow mountain roads. Work may involve working alone and possibly in isolated locations. The work environment will occasionally include high noise levels, or exposure to toxic or hazardous substances (i.e., acids, solvents, etc.) that could, if precautions are not followed, pose a health risk. Proper respiratory and safety equipment shall be worn when hazardous substances are being handled.

PHYSICAL REQUIREMENTS:

Incumbents must be physically and mentally able to efficiently perform the essential duties of the position, with or without reasonable accommodation, without hazard to themselves or others.

Essential Functions (those duties encompassed in a job which are indispensable and comprise the gist or substance of the job):

- Performs preventative, corrective, and emergency maintenance on a variety of power system control equipment such as UHF, VHF, microwave, fiber optics; power line carrier current; control and data, and multiplex equipment, and a variety of other miscellaneous equipment to ensure adequate operability of the power system control equipment.
- Performs initial energization tests of new installations and obtains data to be used by other personnel.
- Uses technical documentation as required, for maintenance and troubleshooting of equipment.
- Performs miscellaneous duties related to maintenance of the communication system, which may occur at substations or at remote mountaintops during harsh weather conditions.
- Completes associated documentation required of the above listed tasks.
- Drives from ½ to 5 hours per day in all weather conditions.

PHYSICAL REQUIREMENTS		
Physical Requirement needed to perform essential functions NR=not required; Rarely = 1% or less; Occasionally = 1-33%; Frequently = 34-65%; Continually = 66-100%		
Climbing	Occasionally	Able to climb flights of stairs and ladders up to 30 feet.
Balancing	Occasionally	Requires good balance to climb ladders. Balancing required on smooth and uneven surfaces in varied weather conditions. On occasion, travel on snowshoes for several miles at a time may be required.
<u>Leg/Foot Use</u>	Frequently	To operate vehicles including snowcats and to climb ladders.
Standing	Frequently	Average of 2-3 hours.
<u>Sitting</u>	Frequently	To drive vehicles to and from work sites and to operate and to test equipment, perform office work. Extensive driving over unimproved surfaces, including steep and narrow roads, may be required. Average 3-5 hours.
<u>Walking</u>	Frequently	Walks on smooth or uneven surfaces. Average is 1-2 hours. Occasionally may be required to walk several miles on snowshoes while carrying a heavy backpack under harsh conditions.
<u>Lifting/Carrying</u>	Occasionally	Lifts and carries test equipment, maximum 60 pounds, at waist level. Average is 10 pounds.
Pushing/Pulling	Occasionally	Moves and positions equipment and materials with a force of 80 pounds.
Twisting/Bending/ Stooping (knees, waist, neck, wrist)	Frequently	Lifts, moves, carries, repositions, and operates test equipment and vehicles.
<u>Handling/Grasping</u>	Frequently	Handles small, delicate components and tools involved in diagnostic testing, wiring, assembly, installation, and repair of equipment. Must be able to grasp/handle two separate items at separate points.
Reaching	Occasionally	Works with arms overhead to do wiring and testing.
Crouching	Occasionally	Crouches when working in confined spaces and in awkward positions or performing work close to the floor.
Kneeling/Crawling	Rarely	Kneels to access and test equipment.
Fingering/Feeling	Frequently	Performs diagnostic testing, wiring, assembly, installation and repair of equipment requiring fine finger manipulation.
USE OF SENSES		
Talking	Continually	Must be able to communicate with co-workers and to provide clear, accurate communication.
Hearing	Continually	To receive directions from co-workers, listen for telephone. Ability to hear abnormal noises while troubleshooting.

Vision	Continually	To safely operate equipment and use tools while testing equipment, doing installations or performing repairs and reading electrical drawings. Requires good spatial ability/depth perception, night vision and sufficient color discrimination to distinguish color-coding or shade variations. Distant vision of at least 20/40.
Smell	Continually	Able to detect various gases, fuels, exhausts, burning of electrical equipment. Gas detectors are available.
MENTAL REQUIREMENTS		
Requires ability to perform effectively under stress for extended periods of time in hazardous situations interact/communicate with others; comprehend and follow directions; work both independently and as a team member; make decisions and judgments; maintain flexibility in performing a variety of tasks, pay attention to detail, follow safety rules; operate vehicles and equipment safely; read and comprehend manuals and blueprints, math/geometric skills, basic computer skills. Work may involve working alone and possibly in isolated locations.		
ENVIRONMENTAL		
Work is performed primarily indoors with travel to remote sites required. Requires the ability to perform work outside in all weather conditions. Frequent exposure to hazards typical of working around high voltage equipment. Occasional exposure to loud noises. May at times work with various chemicals. MSDS are available. Required to wear various levels of PPE (hearing protection, respiratory protection, hard hats, safety glasses, cold weather gear; kneepads if required, safety belts and harnesses, insulated rubber or leather gloves).		
SPECIAL EQUIPMENT		
Uses various equipment such as cars, trucks, snowcats and communication equipment. Uses office equipment such as computers, telephones, copy and fax machines.		

QUALIFICATION REQUIREMENTS: Applicants must have had progressively responsible experience and training sufficient in scope and quality to successfully perform the duties of the position without more than normal supervision. Applicants will be evaluated on the basis of experience, education, and training on the following elements. Applicants should submit the Supplemental Questionnaire for Power System Control Craftsman, BB-2604, that addresses the following **KSA's**. Experience/training shown in your supplemental questionnaire must be reflected in your application.

1. ABILITY TO PERFORM THE WORK OF A POWER SYSTEM CONTROL CRAFTSMAN WITHOUT MORE THAN NORMAL SUPERVISION. (Failure to meet this requirement will result in an ineligible rating.)
2. Knowledge of the Assembly, Adjustment, and Repair of Electronic Communication Equipment.
3. Use of Electronic Test Equipment.
4. Knowledge of Electronic Communication Theory.
5. Knowledge of electronic equipment and troubleshooting procedures.
6. Ingenuity (Ability to Suggest and Apply New Methods)

BASIS OF RATING: No written test is required. Ratings will be based on an evaluation of the quality and extent of experience, education and training in relation to the KSA's identified on the Supplemental Questionnaire for Power System Control Craftsman, BB-2604. **YOU ARE REQUIRED TO SUBMIT THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE FOR POWER SYSTEM CONTROL CRAFTSMAN, BB-2604. Failure to submit the supplemental for this position will negatively affect your eligibility and/or rating.**

1. ABILITY TO PERFORM THE WORK OF A POWER SYSTEM CONTROL CRAFTSMAN WITHOUT MORE THAN NORMAL SUPERVISION. (Failure to meet this requirement will result in an ineligible rating.)
2. Knowledge of the Assembly, Adjustment, and Repair of Electronic Communication Equipment.
3. Use of Electronic Test Equipment.
4. Knowledge of Electronic Communication Theory.
5. Knowledge of electronic equipment and troubleshooting procedures.
6. Ingenuity (Ability to Suggest and Apply New Methods)

APPLICATION INFORMATION:

There is no specific required application form. There is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- **Applicants will not be contacted for missing information. Material received after the closing date will not be accepted.**

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package must include the following:

1. Your resume, or other application, that fully describes your education and experience.
2. Supplemental Questionnaire for Power System Control Craftsman, BB-2604

2. A copy of your driving record (obtained from the Dept. of Motor Vehicles or equivalent State agency, dated within the last 3 months and covering the last 3 years.) **NOTE:** Failure to submit your driving record will result in disqualification.
3. Member 4 copy of Military Discharge Papers, DD-214 (if applicable).
4. SF-15, Application for 10-point Veteran Preference with proof of your claim (including letter of compensable disability dated within the last 12 months), if applicable
5. OF-306 (revised 1/01), Declaration for Federal Employment (attached).

REQUIRED INFORMATION ON RESUMES*

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your e-mail address (please provide if available – failure to provide will not effect the processing of your application.)
4. Your Social Security Number.
5. Country of citizenship.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title (**YOU MUST INCLUDE SERIES AND GRADE IF FEDERAL JOB**), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (**including month and year**), hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

***Please note that if your resume or application does not provide all the information requested in the vacancy announcement, you may lose consideration.**

FORMS AVAILABILITY: All application materials may be obtained from all Bonneville Power Administration Human Resources offices 2401 NE Minnehaha Street, Construction Services Building, Vancouver, WA; or 905 NE 11th Avenue, Portland, OR, or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our internal website, or our external website at <http://www.jobs.bpa.gov/>

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

If **mailing** your application, please send to the following address: Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666, (street address): 2401 NE Minnehaha Street, Vancouver, WA 98663

If applications are delivered in person, they can be delivered to the address above **OR** to: Bonneville Power Administration, Personnel Services, 905 NE 11th Avenue, Portland, OR 97232.

RECEIPT OF APPLICATION:

Your complete application must be received no later than 12 midnight Pacific Standard Time (PST) of the closing date to be accepted. Applications received by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight PST.

Applicants will be notified of receipt of their application package.

FAX APPLICATIONS:

Faxed applications should be sent to **360-418-2063**. Applicants are responsible for ensuring that application materials transmit successfully.

EMAIL APPLICATIONS:

Applications should be sent as email attachments to: jobs@bpa.gov. The Announcement Number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

THE BONNEVILLE POWER ADMINISTRATION IS A HARASSMENT FREE WORKPLACE.

www.va.gov	http://www.jobs.bpa.gov/	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans Administration	Bonneville Power Administration	Office of Personnel Management Jobs	Office of Personnel Management

OMB Approval
#1910-1100

Revised 02/02

Name _____
Address _____
City/St. _____
Zip code _____
Social Security _____
Telephone Home () _____
Work () _____

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

**SUPPLEMENTAL QUESTIONNAIRE FOR
POWER SYSTEM CONTROL CRAFTSMAN OR
POWER SYSTEM CONTROL CRAFTSMAN TRAINEE 5**

TO APPLICANT: The information requested on this Supplemental Questionnaire is needed to evaluate and rate your application. Fill out all pages completely and accurately. The questions have been designed to cover a wide range of skills and knowledge to insure that you receive all credit for experience to which you are entitled. However, you are not expected to have full knowledge of every element listed. Be sure your answers reflect YOUR OWN actual skills and knowledge. **If you appear to be qualified as a Power System Control Craftsman or Craftsman Trainee based on the information contained in this supplemental questionnaire, an ORAL INTERVIEW will be scheduled to confirm your level of experience.**

PRIVACY ACT INFORMATION

The Bonneville Power Administration is authorized to rate applicants for Federal jobs under the provisions of Title 5, United States Code, chapter 11, sections 1104, 1302, 3301, and 3304.

The information you provide will be used to determine your qualifications for these positions. If you do not complete the information listed, we will be unable to rate your application, and you will not be considered for these positions.

Your Social Security Number is required to keep your records straight as other people may have the same name and birthday.

CERTIFICATION STATEMENT	
I certify that the information provided in this supplemental questionnaire is true and correct to the best of my knowledge.	
Signature	Date

SUPPLEMENTAL QUESTIONNAIRE

MINIMUM QUALIFICATIONS FOR CRAFTSMAN OR CRAFTSMAN/TRAINEE 4 and 5: Applicants must have a minimum of two years formal education in electronics; i.e. an Associate of Applied Science Degree such as Electronic Engineering Technology, military electronics/communications schools, apprenticeship involving electronics/communications, an electronic technician trade school, etc. The applicant must have a total of 5 years combined education and experience in maintaining electronic equipment. In addition, the applicant must be willing and capable to work under the conditions detailed under element 1.

Instructions

This questionnaire will be used to assess the extent of your knowledge about some of the job elements of the position(s) you are applying for. This form is very long and there can be a tendency to rush through it. It is to your best interest to take your time and be complete. Short descriptive answers will be adequate, but they must include all the requested information. Minimize the use of “ditto” marks.

There are 8 sections (Elements) to this questionnaire. Applicants for journeyman Craftsman must fill out all 8 sections, while applicants for Craftsman Trainee must fill out 7 of the 8 sections. Read the instructions contained at the beginning of each section and in the column headings carefully. These instructions need to be followed so you will receive full credit for your past experience.

Clarification: The Craftsman Trainee position is not an apprenticeship. Only journeyman technicians in the electronics field qualify for this position. The Craftsman Trainee completes a training program that orients them to the specific communication equipment and systems utilized in Bonneville Power Administration.

Statements made on this form will be subject to verification by contact with former employers, and education establishments.

A good driving record is a selective placement factor for PSC Craftsman/Trainee positions. ALL APPLICANTS MUST SUBMIT, WITH THEIR APPLICATION PACKAGES, A COPY OF THEIR COMPLETE DRIVING RECORD (COVERING THE PAST 3 YEARS AND DATED WITHIN THE LAST 3 MONTHS). Candidates with a poor driving record and/or revocation of license will be immediately disqualified from consideration.

DISQUALIFYING DRIVING RECORDS

Within the past THREE years, any of the following conditions disqualify an applicant for a U. S. Government Motor Vehicle Authorization:

- A. Conviction for operating a motor vehicle under the influence of alcohol or a control substance.
- B. Conviction for leaving the scene of an accident without making his or her identity known.
- C. Driver license suspended, revoked, or canceled.
- D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests which demonstrates that the employee does not have an adequate sense of responsibility. This may be shown by any of the following:
 - Conviction for fleeing or attempting to elude a police officer.
 - Conviction for a felony involving the use of a motor vehicle.
 - Two or more accidents in which the applicant was at fault.
 - Two or more excessive speeding violations (15 miles per hour or more over the posted limit.)
 - Four or more moving violations

[illegible]

Conditions of Employment: Occasionally, work may be performed under other than normal conditions. Please indicate whether you will or will not work under the following conditions:

WILL	WILL NOT	
_____	_____	work under varying climatic conditions
_____	_____	Work in remote locations (may be alone)
_____	_____	Work with a team or crew
_____	_____	Work from a stepladder
_____	_____	Work around high voltage
_____	_____	Work subject to emergency call outs
_____	_____	Drive a snow cat vehicle
_____	_____	Lift and carry instruments weighing up to 80 lbs (23 kg)

ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT

- Activities:
- A. INSTALLATION - mounting and external wiring
 - B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance
 - C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly
 - D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly
 - E. MODULE REPAIR - repairing defective components, align and test module
 - F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications
 - G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment						List manufacturer of equipment and how you gained knowledge of the equipment. No credit for experience will be given without this information. Reference to your application is acceptable, or utilize a separate sheet if necessary.
		A	B	C	D	E	F	G
1. VHF/UHF RADIO								
MOBILE RADIO								
VHF RADIO REPEATER								
FIXED STATION UHF RADIO								
PORTABLE RADIO								
2. POWER LINE PROTECTIVE RELAYING								
POWER LINE CARRIER (Used by Power Utilities)								
POWER LINE FAULT LOCATING EQUIPMENT								
TRANSFER TRIP EQUIPMENT								
3. EMERGENCY POWER EQUIPMENT								
ENGINE GENERATOR POWER SYSTEMS (INCLUDING TRANSFER SWITCH)								
COMMUNICATION BATTERY & CHARGER								
INVERTERS / UPS								

ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT

- Activities:
- A. INSTALLATION - mounting and external wiring
 - B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance
 - C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly
 - D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly
 - E. MODULE REPAIR - repairing defective components, align and test module
 - F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications
 - G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment						List manufacturer of equipment and how you gained knowledge of the equipment. No credit for experience will be given without this information. Reference to your application is acceptable, or utilize a separate sheet if necessary
		A	B	C	D	E	F	G
4. MICROWAVE RADIO 1.8 GHz & ABOVE								G
ANALOG COMMUNICATION RADIOS								
DIGITAL COMMUNICATION RADIOS								
RADAR								
5. ANALOG OR DIGITAL MULTIPLEX		A	B	C	D	E	F	G
FREQUENCY DIVISION MULTIPLEX								
DIGITAL MULTIPLEX (DS1 OR T1 TYPE MULTIPLEXER)								
DACS (DIGITAL ACCESS & CROSS CONNECT SYSTEM)								
6. DIGITAL SYSTEMS		A	B	C	D	E	F	G
DIGITAL CONTROL / ALARM SYSTEMS/PLC'S (PROGRAMMABLE LOGIC CONTROLLERS)								
SCADA SYSTEMS								
COMPUTERS								
OTHER DIGITAL SYSTEMS, I.E. STATISTICAL MULTIPLEXERS, LAN/WAN, GPS, ETC.								

ELEMENT 2 KNOWLEDGE OF THE ASSEMBLY, ADJUSTMENT, AND REPAIR OF ELECTRONIC AND COMMUNICATIONS EQUIPMENT

- Activities:
- A. INSTALLATION - mounting and external wiring
 - B. PREVENTIVE MAINTENANCE - manufacturer's recommended or company's routine maintenance
 - C. TROUBLESHOOTING - analyzing and identifying defective assembly or subassembly
 - D. MODULE REPLACEMENT - replacement of an entire assembly or subassembly
 - E. MODULE REPAIR - repairing defective components, align and test module
 - F. COMMISSIONING - initial testing, assuring proper operation, and meeting manufacturer's specifications
 - G. KNOWLEDGE OF EQUIPMENT - where knowledge of equipment was obtained

EQUIPMENT GROUPS	Work experience on each equipment in yr/months	Check each box below which describes an activity which you have independently performed on the equipment						List manufacturer of equipment and how you gained knowledge of the equipment. No credit for experience will be given without this information. Reference to your application is acceptable, or utilize a separate sheet if necessary
		A	B	C	D	E	F	G
7. TELECOMMUNICATIONS SYSTEMS								
TELEPHONE SWITCHING SYSTEMS (I.E. PBX)								
DIAL ACCESS TRUNKS / SIGNALING EQUIP.								
KEY TELEPHONE EQUIPMENT / SYSTEMS/DIGITAL PHONES								
TELEMETERING EQUIPMENT								
8. FIBER OPTIC COMMUNICATIONS SYSTEMS								
DIGITAL FIBER SYSTEMS								
ANALOG FIBER SYSTEMS								
FIBER OPTIC CABLE SPlicing/TESTING/CONNECTORIZING								

ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT**INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

COLUMN C INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE (UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT)
- (3) THOROUGH KNOWLEDGE (ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT)

COLUMN D DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT.

A.	INSTRUMENTS	B	C	D
1.	VOLT / OHM / AMP METER			
2.	RS-232 BREAK OUT BOX			
3.	COMPUTERS / PLOTTERS			
4.	DIGITAL MULTIMETER			
5.	OSCILLOSCOPE , TYPES			
6.	SINAD METER			
7.	PAR TEST SET			
8.	BERT TEST INSTRUMENT			
9.	AUDIO SIGNAL GENERATOR			
10.	PROGRAMMABLE INSTRUMENTS			
11.	GPIB CONTROLLERS			
12.	DTMF TEST SET			

ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT**INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

COLUMN C INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE (UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT)
- (3) THOROUGH KNOWLEDGE (ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT)

COLUMN D DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT

A.	INSTRUMENTS	B	C	D
13.	WHITE NOISE TEST SET			
14.	AUDIO SPECTRUM ANALYZER			
15.	VHF / UHF SERVICE MONITOR			
16.	VHF / UHF POWER METER			
17.	RF FREQUENCY COUNTER			
18.	RF SPECTRUM ANALYZER			
19.	RF SIGNAL GENERATOR			
20.	FREQUENCY SELECTIVE VOLTMETER			
21.	BASEBAND SPECTRUM ANALYZER			
22.	MICROWAVE POWER METER			

ELEMENT 3 USE OF ELECTRONIC TEST EQUIPMENT.**INSTRUCTIONS:****COLUMN A** LIST OF INSTRUMENTS USED BY POWER SYSTEM CONTROL CRAFTSMAN**COLUMN B** IF YOU HAVE UTILIZED INSTRUMENT, INDICATE AMOUNT OF USE, ACCORDING TO THE FOLLOWING CODES:

- (1) OCCASIONAL USE (YEARLY)
- (2) MODERATE USE (SEVERAL TIMES PER YEAR)
- (3) REGULAR USE (MONTHLY)
- (4) EXTENSIVE USE (WEEKLY)

COLUMN C INDICATE YOUR CURRENT LEVEL OF KNOWLEDGE OF THE TEST INSTRUMENT, ACCORDING TO THE FOLLOWING CODES:

- (1) BASIC KNOWLEDGE
- (2) GENERAL KNOWLEDGE (UNDERSTAND LIMITATION AND ACCURACY OF TEST INSTRUMENT)
- (3) THOROUGH KNOWLEDGE (ABILITY TO INSTRUCT OTHERS IN PROPER USE OF TEST INSTRUMENT)

COLUMN D DESCRIBE THE TYPE OF TEST YOU WERE PERFORMING AND THE MODEL NUMBER OF THE INSTRUMENT UTILIZED. THIS MUST BE COMPLETED TO BE CREDITED FOR THE USE OF THE TEST INSTRUMENT

A. INSTRUMENTS	B	C	D
23. DS1/T1 TEST SET			
24. NETWORK CABLE TESTER, CAT 5, CAT 8, ETC.			
25. LOGIC ANALYZER			
26. NETWORK ANALYZER			
27. DATA ERROR ANALYZER			
28. PROTOCOL ANALYZER			
29. FIBER OPTICS ATTENUATOR			
30. FIBER OPTIC SOURCES/POWER METER			
31. FIBER OPTICS OTDR			
32. RFI/TVI TEST EQUIPMENT			
33. MICROWAVE SWEEP GENERATOR			
34. MICROWAVE NOISE LOADING TEST			

SET			
35. MICROWAVE LINK ANALYZER			
36. SCADA TEST SET			

ELEMENT 4 KNOWLEDGE OF ELECTRONIC COMMUNICATION THEORY

A. Formal Education (Circle Highest Grade Completed)	High School					College				Technical School				
	8	9	10	11	12	1	2	3	4	# of months completed				

Degrees or certificates awarded from college or technical school: _____

ATTACH COPY OF COLLEGE OR TECHNICAL SCHOOL TRANSCRIPTS

NAME OF SCHOOL	LOCATION	DATES ATTENDED		HIGHEST DEGREE AWARDED
		FROM	TO	

Have you completed a formal Electronic Communications Apprenticeship Yes No Which craft/trade _____
 Program? _____
 Dates Attended: From _____ To _____ Length of training/Number of Years _____
 Sponsored by: _____ Did you receive a certificate: Yes _____ No _____
 Which of the following did the apprenticeship include? On-the-job Training _____ Classroom _____ Correspondence _____

B. List courses you have taken related to the electronic communications area including courses taken in **military, manufacturers-sponsored training, company-sponsored training, I.C.S., college, trade school, union, or others. List hours/days/or weeks of training.** (If necessary, continue on an additional sheet of paper.) **DO NOT LIST COURSES WHICH WERE A PART OF YOUR APPRENTICESHIP TRAINING.**

Course Title	Type of School	Date Begin	Date Ending	Credit Hours	Classroom Hours	Pass	Fail	Quit	Brief Course Description

ELEMENT 4 KNOWLEDGE OF ELECTRONIC COMMUNICATION THEORY

C. INSTRUCTIONS: IN THE BOX NEXT TO EACH THEORY, PLACE THE NUMBER WHICH DESCRIBES YOUR CURRENT LEVEL OF KNOWLEDGE.

LEVEL OF KNOWLEDGE:

1. NO KNOWLEDGE OF THAT THEORY
2. BASIC UNDERSTANDING OF THE THEORY
3. THOROUGH KNOWLEDGE AND APPLICATION OF THEORY
4. COMPREHENSIVE UNDERSTANDING AND ABILITY TO INSTRUCT OTHERS

THEORY	KNOWLEDGE NUMBER	THEORY	KNOWLEDGE NUMBER	THEORY	KNOWLEDGE NUMBER
ELECTRONIC		FIBER OPTICS SYSTEMS		ANALOG IC	
POWER LINE CARRIER THEORY		RF WAVE GUIDE SYSTEMS		SCR'S, FET'S, AND MOV'S	
ADVANCED AC THEORY		RF TRANSMISSION LINE		OPERATIONAL AMPLIFIERS	
INDUCTIVE / CAPACITIVE REACTANCE		RF TRANSMITTER		CMOS, LSI, VLSI	
DATA TRANSMISSION THEORY		RF RECEIVER		MATHEMATICAL THEORY	
ANTENNA RADIATION THEORY		RF POWER AMPLIFIER		ALGEBRA	
AUDIO POWER AMPLIFIER		TELEPHONE SYSTEMS		VECTOR ANALYSIS	
POWER SUPPLY		DECIBELS		CALCULUS	
TVI - RFI THEORY		ANTENNA SYSTEMS		COMPUTER THEORY AND DATA COMMUNICATIONS	
TELECOMMUNICATION		RF WAVE PROPAGATION		PC – GENERAL USE	
MICROWAVE COMMUNICATION		TELEPHONE SWITCHING THEORY		NETWORKING	
MULTIPLEX SYSTEMS		SOLID STATE THEORY		NUMBER SYSTEMS - INCLUDING BINARY, HEXADECIMAL & OCTAL	
MICROWAVE MEASUREMENT		TRANSISTOR		PROGRAMMING	
MODULATION THEORY		DIODE		COMMUNICATIONS PROTOCOL	
VHF / UHF COMMUNICATION SYSTEMS		DIGITAL IC		ROUTERS, BRIDGES, HUBS	

ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)**PART A**

FOR EACH **KIND OF TROUBLESHOOTING** LISTED BELOW, INDICATE YOUR HIGHEST EXPERIENCE BY WRITING THE TROUBLESHOOTING TYPE NUMBER AND GIVE AN EXAMPLE THAT DEMONSTRATES THAT LEVEL OF EXPERIENCE.

TROUBLESHOOTING EXPERIENCE TYPE NUMBERS:

1. **HAVE NOT DONE**
2. **HAVE ASSISTED OR DONE WITH GUIDANCE**
3. **HAVE SHARED RESPONSIBILITY WITH OTHER TEAM MEMBERS**
4. **FULLY RESPONSIBLE FOR INDEPENDENT TROUBLESHOOTING**
5. **HAVE BEEN A TECHNICAL RESOURCE FOR OTHERS (i.e. SENIOR LEAD TECHNICIAN)**

KIND OF TROUBLESHOOTING	EXPERIENCE NO. (1-5)	GIVE AN EXAMPLE (EQUIPMENT, PROBLEM, RESOLUTION, SERVICE AWARDS, ETC.)
REPLACED MINOR COMPONENTS, USING VISUAL INSPECTION TO DETECT TROUBLE OR FAILURES		
TROUBLESHOOT EQUIPMENT TO THE CIRCUIT CARD AND REPLACE FAILED CARD (MODULE REPLACEMENT)		
TROUBLESHOOT CARDS TO THE COMPONENT LEVEL AND REPAIR BY REPLACING THE COMPONENT		
TROUBLESHOOT A COMPLETE SYSTEM INCLUDING SEVERAL SUBSYSTEMS		
TROUBLESHOOT EQUIPMENT THAT IS NEW TO YOU USING INSTRUCTION MANUALS AND DRAWINGS		
TROUBLESHOOT ELECTRONIC EQUIPMENT UNDER CONDITIONS OF LIMITED TIME (MINIMAL OUTAGE DURATION)		

ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)**PART A**

FOR EACH **KIND OF TROUBLESHOOTING** LISTED BELOW, INDICATE YOUR HIGHEST EXPERIENCE BY WRITING THE TROUBLESHOOTING TYPE NUMBER AND GIVE AN EXAMPLE THAT DEMONSTRATES THAT LEVEL OF EXPERIENCE.

TROUBLESHOOTING EXPERIENCE TYPE NUMBERS:

1. HAVE NOT DONE
2. HAVE ASSISTED OR DONE WITH GUIDANCE
3. HAVE SHARED RESPONSIBILITY WITH OTHER TEAM MEMBERS
4. FULLY RESPONSIBLE FOR INDEPENDENT TROUBLESHOOTING
5. HAVE BEEN A TECHNICAL RESOURCE FOR OTHERS (i.e. SENIOR LEAD TECHNICIAN)

KIND OF TROUBLESHOOTING	EXPERIENCE NO. (1-5)	GIVE AN EXAMPLE (EQUIPMENT, PROBLEM, RESOLUTION, SERVICE AWARDS, ETC.)
TROUBLESHOOT INTERMITTENT RECURRING MALFUNCTIONS		
TROUBLESHOOT USING TEST JIGS TO DETECT TROUBLE		
TROUBLESHOOT DATA TRANSMISSION PROBLEMS (MODEMS, STAT MUX, ROUTERS, ETC.)		
DEVELOPED A TROUBLE SHOOTING PROCEDURE OR GUIDE THAT WAS UTILIZED BY OTHERS		
TROUBLESHOOT A RF PROPAGATION, INTERMOD, OR ANTENNA SYSTEM PROBLEM		
UTILIZED DIGITAL LOGIC TROUBLE SHOOTING TECHNIQUES		

ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)**PART B**

LIST OF DOCUMENTATION	YES	NO	INDICATE HOW YOU HAVE USED THE DOCUMENTATION, FOR WHAT PURPOSE, AND WHAT KIND OF EQUIPMENT WAS INVOLVED
1. EQUIPMENT INSTRUCTION BOOKS			
2. EQUIPMENT ELECTRICAL WIRING DIAGRAMS			
3. EQUIPMENT CABLING DIAGRAMS			
4. EQUIPMENT TEST DOCUMENTATION			
5. EQUIPMENT SPECIFICATIONS			
6. EQUIPMENT FLOOR PLANS			
7. JACKFIELD WIRING DIAGRAMS			
8. WAVE GUIDE ROUTING DIAGRAMS			
9. SITE DEVELOPMENT DRAWINGS			
10. SIGNAL FLOW DIAGRAMS			
11. BLOCK AND LEVEL DIAGRAMS			
12. PROVISION RECORDS ON DIGITAL SYSTEMS			

ELEMENT 5 TROUBLESHOOTING (ELECTRONIC EQUIPMENT)**PART B**

LIST OF DOCUMENTATION	YES	NO	INDICATE HOW YOU HAVE USED THE DOCUMENTATION, FOR WHAT PURPOSE, AND WHAT KIND OF EQUIPMENT WAS INVOLVED
13. SINGLE LINE DIAGRAMS			
14. DIGITAL LOGIC DIAGRAMS			
15. CIRCUIT SCHEMATIC DIAGRAMS			
16. CROSS CONNECT DIAGRAMS OR CIRCUIT LAYOUT RECORD CARDS			
17. SYSTEM TEST PLAN			
18. COMMUNICATION TOWER ASSEMBLY AND ERECTION PLANS			
19. PASSIVE REFLECTOR PLOT PLANS, ASSEMBLY DRAWING			
20. INSTALLATION HARDWARE DRAWINGS			
21. CIRCUIT MODIFICATION DIAGRAMS			
22. MAINTENANCE PROCEDURES			
23. FACTORY FIELD CHANGES			
24. WORK STATEMENTS/ PROJECT DIAGRAMS			

ELEMENT 6 INGENUITY (ABILITY TO SUGGEST AND APPLY NEW METHODS)

NOTE: THIS ELEMENT IS NOT PART OF THE RATING FOR TRAINEE POSITIONS. APPLICANTS FOR CRAFTSMAN MUST COMPLETE THIS PAGE.

Check each item listed below which applies to your experience and training. Give explanation beneath each item.

Check
Here

☐ Have put new maintenance ideas into practice. List one or two such ideas.

☐ Have contributed ideas for increasing efficiencies in getting maintenance tasks accomplished. List one or two such ideas.

☐ Have suggested modifications in communications equipment and procedures to solve problems. List suggestions made, awards received, if any.

☐ Have developed a maintenance procedure for new equipment that was adopted by my company. List one or two contributions.

ELEMENT 6 INGENUITY (ABILITY TO SUGGEST AND APPLY NEW METHODS)

NOTE: THIS ELEMENT IS NOT PART OF THE RATING FOR TRAINEE POSITIONS. APPLICANTS FOR CRAFTSMAN MUST COMPLETE THIS PAGE.
Check each item listed below which applies to your experience and training. Give explanation beneath each item.

Check
Here

☐ Have repaired electronic equipment with limited documentation and no specific training on the equipment. List one or two examples..

☐ Have contributed to design modification of telecommunication and control equipment. List contributions made and patents, if any.

☐ Have adapted test equipment or operational / maintenance procedures to solve an emergency situation and restore telecommunication service. List adaptations made.

☐ Have written computer programs to perform specific task (such as control of test equipment) OR have made significant changes to existing programs to enhance its function.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

SECTION A. DISABILITY STATUS

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability
16. Total deafness in both ears, with or without understandable speech.
23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
25. Blind in both eyes (no usable vision, may have some light perception).
28. Missing one arm or one leg.
33. Missing hands or both arms or both feet or both legs.
35. Missing one hand or arm and one foot or leg.
64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
65. Partial paralysis of both legs, any part, or both arms, any part.
67. Partial paralysis of one side of the body, including one arm and one leg.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- ☐ Internet web-site ☐ Newspaper Ad ☐ Trade Journal ☐ Other (Please indicate)

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

FORM APPROVED
OMB No. 3206-0219
Electronic Form Approved by CGIR
03/31/98 (VB)

You may apply for most jobs with a resume, this form, or other written format. If your resume or application **does not provide** all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4. Last name	First and middle names		5. Social Security Number
6. Mailing address			7. Phone numbers (include area code)
City			Daytime
State			Evening
ZIP Code			

WORK EXPERIENCE

8. Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

A) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number

Describe your duties and accomplishments

B) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number

Describe your duties and accomplishments

9. May we contact your current supervisor?

YES ☐ NO ☐

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10. Mark highest level completed. Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

11. Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12. Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

A) Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
	Semester	Quarter			
<div>City</div> <div>State</div> <div>ZIP Code</div>					
<div>B) Name</div> <div>City</div> <div>State</div> <div>ZIP Code</div>					
<div>C) Name</div> <div>City</div> <div>State</div> <div>ZIP Code</div>					

OTHER QUALIFICATIONS

13. **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

GENERAL

14. Are you a U.S. citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give the country of your citizenship.								
15. Do you claim veterans' preference?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Mark your claim of 5 or 10 points below.								
5 points <input type="checkbox"/>	Attach your DD 214 or other proof.		10 points <input type="checkbox"/>								
			Attach an Application for 10-Point Veterans' Preference (SF15) and proof required.								
16. Were you ever a Federal civilian employee?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	For highest civilian grade give:								
			<table border="1"><tr><td>Series</td><td>Grade</td><td>From (MM/YY)</td><td>To (MM/YY)</td></tr><tr><td colspan="4"> </td></tr></table>	Series	Grade	From (MM/YY)	To (MM/YY)				
Series	Grade	From (MM/YY)	To (MM/YY)								
17. Are you eligible for reinstatement based on career or career-conditional Federal status?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If requested, attach SF 50 proof.								

APPLICANT CERTIFICATION

18. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE**DATE SIGNED**

Page 3 *

GENERAL INFORMATION

- You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.
- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER**PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulations; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit System Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and receiving the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

Declaration for Federal Employment

GENERAL INFORMATION 1. FULL NAME <i>(First, middle, last)</i>	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH <i>(Include City and State or Country)</i>	4. DATE OF BIRTH <i>(MM/DD/YY)</i>
5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i>	6. PHONE NUMBERS <i>(Include Area Codes)</i> DAY NIGHT

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?**
☐ YES
 ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service**
☐ YES
 ☐ NO *If "NO" go to 7c.*
- 7c. If "NO", describe your reason(s) in item #16.**

MILITARY SERVICE

- 8. Have you served in the United States Military?**
☐ YES **Provide information below**
☐ NO

If you answered "YES", list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? <i>(Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO".) If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? <i>If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? <i>(Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment**Electronic Form Approved**

by CILR 07/24/02

ADDITIONAL QUESTIONS

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

YES☐**NO**☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

YES☐**NO**☐**CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS**

16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

(Sign in ink) Date _____

17b. Appointee's Signature:

(Sign in ink) Date _____

APPOINTING OFFICER:

Enter Date of Appointment or Conversion
MM/DD/YYYY

18. **Appointee (Only Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?

MM / DD / YYYY

DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or

YES**NO****DO NOT KNOW**

any type of optional life insurance?

☐☐☐

18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.

YES

NO

DO NOT KNOW

☐☐☐

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form 306
Revised January 2001
Previous editions obsolete and unusable
FILE CODE: PE-20-12
RETENTION: CHR/CF = 2 YRS; OTHERS = A